

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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For Official Use Only <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 10px auto; text-align: center; line-height: 40px;"> US DOL ESA Rec'd APR 23 2002 0 OLMS DRON </div>	1. FILE NUMBER <div style="border: 1px solid black; padding: 5px; font-family: monospace; font-size: 1.2em;">055-3199</div>	2. PERIOD COVERED <div style="display: flex; justify-content: space-between;"> <div>From</div> <div>MO DAY YEAR</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Through</div> <div>MO DAY YEAR</div> </div>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:		
ROSE ANN MAHNKE (3) 055-399 HOTEL EMPL, RESTAURANT EMPL AFL-CIO 330 LU 315 435 AIRPORT AVE WISCONSIN RAPIDS, WI 54494 12/2001 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		8. MAILING ADDRESS (Type or print in capital letters.) First Name <div style="border: 1px solid black; padding: 2px;">Rose Ann</div> Last Name <div style="border: 1px solid black; padding: 2px;">Mahnke</div> P.O. Box • Building and Room Number (if any) <div style="border: 1px solid black; padding: 2px;">435</div> Number and Street <div style="border: 1px solid black; padding: 2px;">435 AIRPORT AVE,</div> City <div style="border: 1px solid black; padding: 2px;">WISCONSIN RAPIDS</div> State ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">WI 54494-</div>			
4. AFFILIATION OR ORGANIZATION NAME <div style="border: 1px solid black; padding: 2px;">Hotel Empl. Restaurant Empl AFL-CIO</div> 5. DESIGNATION (Local, Lodge, etc.) <div style="border: 1px solid black; padding: 2px;">315</div>		6. DESIGNATION NUMBER <div style="border: 1px solid black; padding: 2px;"></div>			
7. UNIT NAME (if any) <div style="border: 1px solid black; padding: 2px;"></div>		9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; padding: 5px;">Item Number</td> <td style="border: 1px solid black; height: 150px;"></td> </tr> </table>				Item Number	
Item Number					
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)					
57. SIGNED: <u>Tom Staples</u> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>3 129 02</div> <div>(715) 424-4577</div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Date</div> <div>Telephone Number</div> </div>		PRESIDENT (If other title, see instructions.) 58. SIGNED: <u>Rose Ann Mahnke</u> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>3 128 02</div> <div>(715) 431-0416</div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Date</div> <div>Telephone Number</div> </div>			
		TREASURER (If other title, see instructions.)			

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | | X |
| 12. Have a political action committee (PAC) fund? | | X |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | X |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | X |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | X |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | X |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? | | X |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period? 100
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 100,000
21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes No X
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
22. What is the date of your organization's next regular election of officers? MO 12 YEAR 2003
23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 25.00 per Month (Month, Year, etc.)
(b) Initiation Fees	\$ 34.00
(c) Transfer Fees	\$
(d) Work Permits	\$ 3.00 per Shift (Month, Year, etc.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 055-399

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>					
Last Name 1. Mahnke	First Name Rose	Status C		4800	4800
Title Sec Treas Bus Agent					
Last Name 2. Staples	First Name Tom	Status C		1200	1200
Title President					
Last Name 3. Hollar-Flaig	First Name	Status C		600	600
Title Vice President					
Last Name 4. Mahnke	First Name Ralph	Status C		54	54
Title F Board					
Last Name 5. Dhein	First Name Bill	Status C		108	108
Title F Board					
Last Name 6. Gasch	First Name Brenda	Status C		108	108
Title F Board					
Last Name 7. Kleven	First Name Shirley	Status C		108	108
Title F Board					
8. Totals from additional pages (if any)				36.00	36.00
9. Totals of Lines 1 through 8				7,014.00	7,014.00
			10. Less Deductions		
Enter the Total from Line 11 in Item 45 ⇨			11. Net Disbursements 7,014.00		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 055-399

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash	22417	32369	32. Accounts Payable		
	26. Loans Receivable			33. Loans Payable		
	27. U.S. Treasury Securities			34. Mortgages Payable		
	28. Investments			35. Other Liabilities		
	29. Fixed Assets			36. TOTAL LIABILITIES		
	30. Other Assets			37. NET ASSETS (Item 31 less Item 36).....	22417	32236
	31. TOTAL ASSETS	22417	32369			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	36721	45. To Officers (from Item 24)	7014 ⁹⁰
	39. Per Capita Tax		46. To Employees (less deductions)	997 ⁶⁶
	40. Fees, Fines, Assessments & Work Permits		47. Per Capita Tax	14264 ⁴⁰
	41. Interest & Dividends		48. Office & Administrative Expense	696 ⁸⁵
	42. Sale of Investments & Fixed Assets		49. Professional Fees	425 ⁸⁰
	43. Other Receipts		50. Benefits	129 ⁵⁵
	44. TOTAL RECEIPTS	36721	51. Contributions, Gifts & Grants	658 ⁰²
<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>			52. Purchase of Investments & Fixed Assets	
			53. Loans Made	
			54. Other Disbursements	
			55. TOTAL DISBURSEMENTS	26766 ⁷³

ORGANIZATION NAME: N.E.R.E. Local 315

ENDING DATE OF PERIOD COVERED: 12-31-01

FILE NUMBER: 055 - 399

PAGE 1 OF 1 ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)			
<div> <div>Last Name</div> <div>Skaggen</div> </div> <div> <div>First Name</div> <div>OMA</div> </div> <div> <div>Title</div> <div>FBOD</div> </div> <div> <div>Status</div> <div>P</div> </div>			36.	36.
<div> <div>Last Name</div> <div></div> </div> <div> <div>First Name</div> <div></div> </div> <div> <div>Title</div> <div></div> </div> <div> <div>Status</div> <div></div> </div>				
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Totals				

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: 055-399

PAGE ____ OF ____ ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)			
Last Name _____ First Name _____				
Title _____ Status _____				
Last Name _____ First Name _____				
Title _____ Status _____				
Last Name _____ First Name _____				
Title _____ Status _____				
Last Name _____ First Name _____				
Title _____ Status _____				
Last Name _____ First Name _____				
Title _____ Status _____				
Last Name _____ First Name _____				
Title _____ Status _____				
Totals				

Profit & Loss Statement

1/1/01 Through 12/31/01

Category Description	1/1/01- 12/31/01
INCOME	
dues owed	476.14
Initiations	1,528.64
w held dues	34,717.04
TOTAL INCOME	36,721.82
EXPENSES	
Allowance	6,600.00
bonding	72.84
Charity	658.00
Christmas	225.00
christmas party	2,355.76
Dues Remb	25.06
funeral	55.55
Illness	74.00
Legal	353.14
Office	142.98
PIC Central	403.20
PIC IU	13,257.50
PIC Wisc AFL	603.70
postage	204.00
Reim Dues Off &	1,386.00
Rent Paid	350.00
Uncategorized Expens...	0.00
TOTAL EXPENSES	26,766.73
TOTAL INCOME - EXPEN...	9,955.09

